



# CITY OF BATTLE CREEK

## CITY CLERK

Thank you for your interest in serving the City of Battle Creek as an Election Inspector. The City has 23 precincts that serve 39,000 voters. Duties of an Election Inspector include assisting voters at the polls, checking registrations, entering names in Poll Books, setting up voting stations, etc.

To be an Election Inspector, the following conditions must be met:

- ✓ A U. S. Citizen
- ✓ 16 to 18 years of age and a resident of the State of Michigan **or** 18 years of age and a registered voter in the State of Michigan
- ✓ **Form CA-7 Work Permit is required from your school and parent/guardian if you are under 18 years of age and limited to 10 hours in one day (Complete attached yellow form)**
- ✓ Attend an Election Inspector 2 Year Certification training session
- ✓ Ability to work at any Polling location
- ✓ Ability to work from 6:00 AM on Election Day until the polls close and final balancing is completed
- ✓ Available to complete additional balancing at the Calhoun County Board of Canvassers as necessary (the week of the election and the following week).
- ✓ **Cannot have ever been convicted of a Felony or Election Crime ever**

Inspectors normally work a 16 hour day beginning at 6:00 A.M. and are paid \$9 per hour.

Please complete the enclosed application documents and return them to the City Clerk's Office, along with a copy of your driver's license or ID and your Social Security card. Your application cannot be processed without identification and SS information.

Sincerely,

*Victoria L. Houser*

Victoria L. Houser  
City Clerk

By signing below you acknowledge that you understand and meet the above requirements to be an Election Inspector.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

10 NORTH DIVISION SUITE 111 P.O. Box 1717 BATTLE CREEK MICHIGAN 49016-1717

PHONE (269) 966-3348 FAX (269) 966-3555 WEB: [WWW.BATTLECREEKMI.GOV](http://WWW.BATTLECREEKMI.GOV)

Page Left Blank Intentionally

# State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk)

## personal information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered in ☐ City or ☐ Township of \_\_\_\_\_ Pct # \_\_\_\_\_ Ward # \_\_\_\_\_

County of \_\_\_\_\_

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

☐ Republican ☐ Democratic ☐ Libertarian ☐ U.S. Taxpayers ☐ Green ☐ Natural Law

Have you ever been convicted of a felony or election crime? ☐ Yes ☐ No

## education and experience information

Education Background (include highest grade completed or degree held) \_\_\_\_\_

Employment Background (include current or last place of employment and type or work performed)

Languages other than English that you speak (if any) \_\_\_\_\_

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):

1 = not experienced, 5 = very experienced

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Past experience as an election inspector, if any (include name of jurisdiction) \_\_\_\_\_

Do you have transportation? ☐ Yes ☐ No

Will you work at any polling place? ☐ Yes ☐ No If not, explain: \_\_\_\_\_

## signature and certification

I CERTIFY THAT I am not a member or a known active advocate\* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party; 2) is affiliated with another party through an elected or appointed government position or; 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Approved by State Director of Elections (June 2015)



**APPLICANT STATEMENT**

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal, at the City’s discretion, if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, educational and criminal history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

I understand that employees of the City who are not represented by a collective bargaining unit, are employed on an at-will basis, and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager, or his designee, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager, or his designee. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulation of the City and to work the hours, days and shifts (either day or night) scheduled by the management of the unit in which I am employed.

---

**Employee Signature**

---

**Print Name**

**ACKNOWLEDGEMENT OF  
TEMPORARY EMPLOYMENT**

I understand I am being employed by the City of Battle Creek in a temporary capacity only and for such time as my services are required. I understand that this temporary employment does not entitle me to any special consideration for permanent employment. I further understand that my temporary employment is “at-will” and may be terminated by either party at any time without resort to any disciplinary procedures set forth for permanent employees. I also understand that I am not eligible to participate in any fringe benefit program, retirement program, or any other programs available to permanent employees (unless required by law) and in the event I am allowed participation in any benefit or program, then my continued participation may be voluntarily withdrawn or terminated by the City of Battle Creek at any time.

---

**Employee Signature**

---

**Date**

---

**Print Name**



# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b> _____
• You are single and have only one job; or	} . . . . .					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____				
For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2012</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(This form is not valid unless you sign it.) ►

**Date** ►

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
--	---------------------------------	--

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# Instructions for Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.



---

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

---

## Section 2. Employer or Authorized Representative Review and Verification

---

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



---

## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.



You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)																		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code																
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number																	
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:		Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



# State of Michigan

## Combined Offer of Employment and Work Permit/Age Certificate

### CA-7 for minors 16 and 17 years of age

Permit Number for School Use  
(optional)

#### Employer Information:

- The employer must have a completed front and back yellow work permit form on file **before** a minor begins work.
- The employer or an employee who is 18 years of age or older must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

**Directions: Please type or print using black ink pen. ALL FIELDS MUST BE COMPLETED. Back of this form must have summary of requirements.**

#### Section I: Each Box *must be* Completed by Minor Applicant and Parent/Guardian

Name of Minor:		Address:		City:	ZIP:
Age:	Date of Birth Month/Day/Year:	Last Four Digits of Social Security Number:		Contact Telephone Number for Minor:	
Name of School (present or last attended):		Address:		City:	ZIP:
<b>Last Grade Completed:</b> <b>School Status</b> (check one): <input type="checkbox"/> in school <input type="checkbox"/> home school <input type="checkbox"/> online/Cyber/Virtual school <input type="checkbox"/> not attending school				Type of Business ( <i>i.e., fast food, manufacturing</i> ):	
Signature of Minor: (x)		Name of Parent/Guardian (circle one):		Parent/Guardian Telephone:	

#### Section II: Each Box *must be* Completed by the Employer - Offer of Employment

Name of Business :		Address:		City:	ZIP:
Earliest Starting Time 6:00 a.m. No earlier than 6:00 am No earlier than 6:00 am	Latest Ending Time 10:30p.m. No later than 10:30 pm (Sun-Thurs) No later than 11:30 pm (Fri-Sat)	Hours per Day: <b>No more than 8</b>	Number of Days per Week: <b>No more than 6 per week</b>	Total Hours of Employment: <b>No more than 24 when school in session; No more than 48 when school not in session</b>	
Applicant's Job Title:	Hourly Wage:	Name Job Duties/Tasks to be Performed by Minor:		Name Equipment/Tools to be Used by Minor:	
Will the minor be working under an hours deviation granted by the Michigan Department of Education? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the Individual Application for Hours Deviation for 16 and 17 Year Old Minors along with this original yellow CA-7 and mail to: <b>MDE/OCTE P.O. Box 30712, Lansing, Michigan 48909</b> , for approval					
Signature of Employer: (x)		Title:		Telephone:	Date:

#### Section III: Each Box *must be* Completed by School's Issuing Officer – Must be Signed by the Issuing Officer to be Valid

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one):		Number of Work Hours per Week, when School is in Session:
	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Arrival in the U.S. <input type="checkbox"/> Driver's License <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> School Record <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other (describe)		<b>No more than 24 hours per week</b>
			Number of Work Hours while school is not in session (Summer, Spring, Xmas vacation): <b>No more than 48 hours per week</b>
Name of School District:	Printed Name of Issuing Officer:		Title:
Address:			
City, State, ZIP:	Signature of Issuing Officer:		Issue Date:
Telephone Number:	(x)		

Form CA-7 (revised 10/18/2011) Combined Offer of Employment & Work Permit and Age Certificate **Must Print front and back on Yellow Paper.**  
**Instructions for completing CA-7 must be printed on back of form to be valid.**  
**Must submit original yellow front and back CA-7 when submitting Individual Application for Hours Deviation form.**

## Summary of Requirements CA-7 MICHIGAN WORK PERMIT AND AGE CERTIFICATE

The **Minimum Age for Employment is 14 years** except that a minor 11 years of age or older may be employed as a youth athletic program referee or umpire for an age bracket younger than his/her own age or as a golf or bridge caddy; 13 years of age or older may be employed to perform services which entail setting traps for formal or informal trap, skeet and sporting clays shooting events or in some farming occupations described in section 4(3) of the Youth Employment Standards Act 90 of 1978. **Adult supervision is required, at all times.**

**Who Needs a CA-7 Yellow Work Permit?** A 16 or 17 year old minor attending any type of schooling (**including but not limited to home school – cyber school – online school – virtual school**) or not attending school or is an out of state resident and not specifically exempt from the Youth Employment Standards Act (P.A. 90 of 1978) sections **409.116; 409.117; 409.118; 409.119.** This completed (all sections I, II, III) yellow CA-7 work permit allows a minor to be employed, only by the employer at the location, listed in Section II; therefore, **minor shall not begin** employment in an occupation regulated by this act until the person proposing to employ the minor procures and keeps on file at the place of employment a completed original yellow CA-7 which is valid **until minor turns 18 or graduates**, as long as the minor works for the same employer.

**Who Issues the Work Permit?** A State of Michigan issuing officer is the chief administrator of a school district, intermediate school district, public school academy, or nonpublic school, or a person authorized by that chief administrator in writing to act on his/her behalf.

**Employment of Minors:** A minor under 18 years of age shall not be employed in, about, or in connection with an occupation that is hazardous or injurious to minor's health or personal well-being or which is contrary to standards established by state and federal acts, (i.e., construction, slicers, motor vehicle operation, power-driven machinery).

### **Instructions for Completing and Issuing:**

1. The Minor obtains the yellow CA-7 from a State of Michigan Issuing Officer of the school district and completes Section I.
2. The Minor takes the yellow CA-7 to the Person/Employer proposing to employ the minor to complete Section II.
3. The Employer/Person gives the yellow CA-7 back to the minor to return to the State of Michigan Issuing Officer who verifies age of minor (using best available evidence **409.105 of Public Act 90 of 1978**) and ensures compliance with state and federal laws and regulations.
4. The State of Michigan Issuing Officer, after reviewing all information in Sections I, II and III then sign and date in Section III.
5. The State of Michigan Issuing Officer makes copy of CA-7 and place copy in minor's permanent school file and returns original to the minor.
6. The Minor gives completed original yellow CA-7 Work Permit to the Employer/Person listed in Section II **before** beginning work.

The failure or refusal to issue a work permit by the school may be appealed by the minor in accordance with Public Act 306 of 1969.

**Employer's Responsibilities:** The issuance of a work permit **does not authorize** employment of minors contrary to state or federal laws and regulations.

- Must have a valid (front and back) and completed original yellow CA-7 Work Permit form **before** a minor begins work.
- Shall keep the original yellow work permit form and any approved deviation with parental consent on file at the place of employment.
- Must provide competent adult supervision, at least 18 years of age or older, at all times.
- Must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- Records required by Public Act 90 of 1978, as amended, must be maintained and made available for inspection by an authorized representative of the department.
- Must return the work permit to the issuing officer upon termination of the minor's employment.
- Must post all required work place poster at work site/work location; "Posting Requirement" may be downloaded at [www.michigan.gov/mde](http://www.michigan.gov/mde).

**Issuing Officer's Responsibilities:** A copy of the CA-7 and any Michigan Department of Education deviation forms shall be filed in the minor's permanent school file. Work permits shall not be issued if the work is hazardous or injurious, information is incomplete, or if the minor's employment is in violation of state or federal laws and regulations.

### **Minors 16 or 17 Years of Age Work Hours:**

1. No more than 6 days in one (1) week.
2. No more than a weekly average of 8 hours in one (1) day.
3. No more than 10 hours in one (1) day.
4. No more than 24 work hours in one (1) week when school **is in** session **regardless** of the number of school hours.
5. No more than 48 work hours in one (1) week when school **is not** regularly in session (Christmas, Spring or Summer vacation, etc.)
6. Not more than 5 hours continuously without a documented and uninterrupted 30 minutes or more meal or rest period.
7. Sunday - Thursday between the hours of 6:00 a.m. and 10:30 p.m.
8. Friday - Saturday between the hours of 6:00 am and 11:30 p.m., and not regularly attending school (i.e., summer vacation, etc).

**Hours Deviations:** At any time an employer may apply through the Office of Career and Technical Preparation for a General Hours or an Individual Application for Hours Deviation allowing the minor to work beyond the legal hours of employment allowed by the act (**409.120(2)**).

**Michigan Youth Employment Standards Act (P.A. 90 of 1978):** For information about the law, rules, and regulations contact the Office of Career and Technical Preparation, PO Box 30712, Lansing, MI, 48909, phone 517/373-3373, [www.michigan.gov/octp](http://www.michigan.gov/octp) and click on 'Career Preparation System', then select 'Work Based Learning Guide For Risk Management' and go to section 6.

**Federal Fair Labor Standards Act:** For information about federal child labor provisions contact the U.S. Department of Labor, Wage and Hour Division, at 1-866-4USWAGE or [www.youthrules.dol.gov](http://www.youthrules.dol.gov).

**Revocation of Permit:** A permit may be revoked by the school issuing officer if: (1) poor school attendance results in a level of school work lower than that prior to beginning employment or (2) the Michigan Department of Education/U.S. Department of Labor informs the school of an employer's violations of state or federal laws or regulations. Any minor who has a permit revoked shall be informed of the appeal process by the school.

**THIS DEVIATION IS NOT VALID WITHOUT ORIGINAL FRONT AND BACK YELLOW WORK PERMIT**

**INDIVIDUAL APPLICATION FOR HOURS DEVIATION  
FOR 16 AND 17 YEAR OLD MINORS**

Michigan Department of Education  
Office of Career and  
Technical Education

**Mailing Address:**

P.O. Box 30712

Lansing, MI 48909

Telephone#: (517) 335-6041

Facsimile#: (517) 373-8776

[www.michigan.gov/mde](http://www.michigan.gov/mde)

**FOR OFFICE USE ONLY**

Approval Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ *Minor's 18<sup>th</sup> birth date  
and/or graduate*

Authority: Act 90, Public  
Acts of 1978 as amended

MDE is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available, upon request, to individuals with disabilities. Call (517) 335-6041 to make your needs known to this agency.

**EMPLOYER INFORMATION**

**IMPORTANT:** Deviation of hours cannot be granted unless this form is completed and returned for review and approval. If approved by the Department, the deviation is valid for the purpose indicated. ***An adult supervisor must be present during the period of time during which the minor works.***

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MINOR DUTIES/RESPONSIBILITIES TO BE PERFORMED:**

Location where minor will work the deviated hours if approved by the Department:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

- During the period the employee attends school, the business listed above requests approval to employ the named employee before the hour of 6:00 a.m. or after the hour of 10:30 p.m. as follows:

Sunday through Thursday: \_\_\_\_\_ Friday & Saturday: \_\_\_\_\_

- The business requests approval to employ the named employee, not attending school, during the following hours before 6:00 a.m. or after 11:00 p.m.:

\_\_\_\_\_

**EMPLOYEE INFORMATION**

Minor's Name (Please Print) \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

## STATEMENT OF SCHOOL ATTENDANCE

**NOTE:** This section must be signed and dated by school's representative and minor's original front and back work permit must attached to this form.

The named minor attends school \_\_\_\_\_ hours per week.

\_\_\_\_\_  
Name and Address of School Attended by Minor

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

---

---

## PARENTAL/LEGAL GUARDIAN PERMISSION STATEMENT

I give my permission for \_\_\_\_\_ to work the deviated hours indicated on this application (*not to exceed 24 work hours in one (1) week when minor is in school and school is in session or 48 work hours when school is not in session*).

\_\_\_\_\_  
Signature of ☐ Parent OR ☐ Legal Guardian (Check appropriate Box)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Parent or Legal Guardian

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Signature of Employer or Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Employer or Representative

\_\_\_\_\_  
Date Application Signed

**By signing this form the employer certifies that all statements in this application are true and that:**

1. Records will be maintained on the premises where the minor is employed, certifying that work hours do not exceed 24 in one (1) week if minor is a student in school and school is in session OR 48 work hours when school is not in session (effective October 18, 2011)
2. The employment of all minors at this establishment will comply with the provision of Act 90.
3. Records required by Act 90 will be maintained and made available for inspection by an authorized representative of the department.

**Any minor employed under the provisions of this deviation shall not be employed:**

1. More than six (6) days in one (1) week.
2. An average of 8 hours per day in one (1) week.
3. Ten (10) hours in one (1) day.
4. Subject to subdivision (e), 48 work hours in one (1) week when school is not in session.
5. 24 work hours in one (1) week, if minor is a student in school and school is in session (effective October 18, 2011).
6. Not more than 5 hours continuously without a full and documented 30 minute meal or rest break.
4. In violation of any of the Department's standard.

**A Parent or Guardian may deny or revoke approval for the minor to work the deviated hours requested.**

The Director or their representative of the Department of Education may deny or revoke a deviation when the employer is in violation of any standard of the Department, or modify a deviation to comply with a related state or federal standard.

An employer may request a hearing to review a modification or denial by submitting written notice to the department. Upon receipt of the written appeal, a hearing will be scheduled before an administrative law judge, providing the employer an opportunity to justify the deviation.

**THIS APPROVAL DOES NOT APPLY IF FEDERAL LAW OR A MUNICIPAL ORDINANCE  
ESTABLISHES A MORE RESTRICTIVE HOURS STANDARD.**